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**AN INTEGRATED URBAN DEVELOPMENT PROGRAMME
FOR NEEDY WOMEN WITH TWINS OR TRIPLETS**

by
Carmela Abate

LC/NAIROBI



**INTERNATIONAL CONFERENCE ON POPULAR PARTICIPATION
IN THE RECOVERY AND DEVELOPMENT PROCESS IN AFRICA**

12-16 February 1990
Arusha, United Republic of Tanzania



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In Africa mothers and children not only form the majority of the population but are also recognized as the most vulnerable. The Ethiopian Gemini Trust has identified an extremely high risk group of mothers and children. Those mothers who have delivered twins or triplets are not only faced with increased maternal and perinatal risks but also with the almost insurmountable problems of child survival. Twin births are associated with pre-term delivery and low birth-weight, both important determinants of infant survival. Moreover, mothers who have delivered twins are more likely to have larger families. Under present urban conditions in Africa, large families invariably go hand in hand with poor socio-economic conditions. The Ethiopian Gemini Trust has estimated that the infant mortality amongst twins in Addis Ababa may be as high as 300 per 1,000 live-births, a figure almost 30 times higher than developed countries.

It was with this background in mind that the Ethiopian Gemini Trust's activities were started informally in 1983. A preventative programme which offered a primary health care package plus supplementary feeding for the index twin pair was offered. In mid-1984, with the critical food situation in Addis Ababa, the programme was expanded to include food for the lactating mother and other children in the family. Soon, mothers with twins from all over the city were coming for recruitment. Although a definite impact on morbidity and mortality was noted with this limited intervention package, it also became evident that feeding and health care alone were insufficient to solve the problems of these families. Thus, in May 1986, the Board of Trustees was formed and formal governmental recognition followed in June 1987. The Trust became a member of the Christian Relief and Development Association shortly afterwards.

The Trust acquired its first office premises in October 1987, and there followed a rapid expansion of all activities. In 1990, we have currently 314 families recruited into the programme, a total of about 2,400 people, of which over 1,300 are children. Forty per cent of the families within the programme are headed by women, emphasizing their marginal role within the economy. Mean family size is 7.2 persons. Thirty per cent of families are essentially homeless, sharing part of a room with one or more families. Seventy-five per cent do not have ready access to water while 30 per cent do not have any latrine facilities.

Present activities include health care, nutritional supplementation, family support, job creation, day care and house upgrading. Health care includes well baby care, curative services for all the family, health education (promoted through health educators recruited from the mothers within the programme) and a family planning service with over 70 per cent coverage. Nutritional supplementation for the whole family is distributed weekly in conjunction with nutrition education. The family support section deals with recruitment and social follow-up of all the families, the distribution of clothes, blankets and stoves, educational grants, skill identification and an interest free credit facility.

Of particular interest to this conference on Popular Participation, is our efforts towards job creation. Over the past 18 months, 80 part-time or full-time jobs have been created for the women in the programme. Local traditional skills have been identified and upgraded. These include the processing of herbs and spices, basketry, spinning and weaving, knitting and silver jewelry making. All these activities except the weaving and jewelry are carried out by women.

What have we learned?

The chance to work has tremendous impact on the self-respect of women and improves the nutritional status of the whole family as well as having a positive effects on their everyday struggle to survive.

Women (and men) have traditional skills but these skills need to be upgraded and they lack the expertise to market their products. With training in skill upgrading and the development of market outlets, job creation can be achieved. However, bearing in mind the current economic crisis within the continent, donors should bear in mind that many job creation ventures are also linked to welfare activities which create higher overhead costs. Thus, it is difficult, if not impossible, for many of these ventures to become economically viable within a short period. The impact of job creation on the daily lives of women however, cannot be underestimated, and this, in itself, is a great achievement towards the increased participation of women within the economy and the promotion of economic independence of needy families.

This can be demonstrated by the experience we have gained during the first 18 months of the spice processing project. The social indicators such as a regular monthly salary, the care of the children in an adjacent day care facility and a tangible improvement in their home environment have all been achieved. However, the project has been unable to meet market targets predicted during this period. However, this is still a very new project and sales have dramatically increased during this second year of operation.

Further success with job creation ventures can be achieved with the promotion of "networking" among NGOs and grass-roots organizations. This can be through co-operation with rural groups to grow, for example, spices so that the middleman can be avoided thus yielding improved profits to both grass-root groups. Similarly, co-operation in the range of products manufactured and marketing practices will mean that women can share more directly in the economic benefits of these job creation ventures. This should also include "networking" amongst African countries.

It is often not enough just to create jobs for women without considering day care facilities for their children and transport to and from work. This has particular relevance to lessons we have learned. Due to the acute transport shortage in Addis Ababa, some of the mothers, who bring their twins daily to the day care facility, spend up to half of their monthly salary on transport, thereby negating all the economic benefits from working. Increasing the monthly wage would further detract from the economic viability of the project. The acute transport shortage has been caused by events beyond the control of the organization, and, thus, a sympathetic response must be elicited. These women are hardly on their feet and therefore should still be helped. Some may argue that this problem was created by the nature of the way the organization is set up. That is true, but nevertheless, it was a problem that we did not anticipate at the setting up of the venture as at that time the creation of jobs was paramount in our minds.

We had originally thought that, having upgraded the skills of our women, such as basketry and knitting, they could then work at home. The women were reluctant. They want to come and work together. Socialization is as important as job creation. Many of the women, with their often insurmountable problems at home, need to get together and

discuss their problems with other women. Together they can often find solutions to problems which as individuals they were unable to solve.

Job creation ventures cannot be successful without motivation amongst the participants, but we all need to work together in order to promote their continued economic viability and social benefits.